

for microbes. A contented mind is a better digestant than pepsin or charcoal tablets. The nurse should be the last in the household to display a temper. There are many families who can be kind and pleasant enough among acquaintances, but who cannot be suited with anything at home. The nurse, in her nearness to the family, with her sunny presence and gentle ways, cannot help but be an influence in the family circle, as well as to dispel clouds of gloom from the patient's mind. Let us keep in mind those familiar lines:

It is easy enough to be pleasant
When life flows along like a song,
But the man worth while is the man that will smile
When everything goes dead wrong.

AN IDEAL CENTRAL DIRECTORY

By GRACE HOLMES

Secretary Ramsey County Graduate Nurses' Association, St. Paul, Minnesota

[We were most delightfully entertained at the club-house by the St. Paul nurses last fall, and found it to be a most home-like and attractive place, such as the nurses of every city should have.—Ed.]

REPLYING to the JOURNAL's request (in the March issue) for information regarding central registries our president has asked me to prepare for publication a brief account of our venture in that field.

In 1898 Miss Thereasa Ericksen, of a Minneapolis training-school (later with the army in Cuba and the Philippines), a nurse of exceptional energy and far-sightedness, started a movement for a central registry. Her reason for doing so was that each St. Paul school had a registry of its own and we, who locally are called "foreign nurses," had nowhere to register except in the drug-store, "Free Directories," with the mixed multitude of "experienced nurses,"—a most unsatisfactory arrangement, as many of our older nurses throughout the states can testify.

Miss Ericksen spent much time and energy in talking up her scheme with physicians and nurses, and aroused sufficient interest to be able to get us together in the fall. We organized the "Ramsey County Graduate Nurses' Association," with a woman physician as president, and about twenty members.

The following year we elected a nurse (our present president), and at no time since has anyone not a graduate nurse had a voice in the business and management of the association.

The first anxious question was the establishment of a registry. Our first annual fee was three dollars and, with but twenty members, clearly we could not do much.

The Ramsey County Medical Society, always a warm friend and supporter, allowed us to place our registry in their library under the care of their librarian, to whose salary we made a small addition—twelve dollars, if my memory serves me well. Of course we paid our own bills for 'phones, etc.

While the library was closed a list of our "off duty" nurses could always be found at "Hall's drug-store," where we received much kind and faithful and gratuitous care. But the store also was closed at night! A funny, mixed arrangement, but still a step in the right direction.

We struggled on this way for about two years, our membership growing slowly all the time,—slowly, because the local graduates did not *need* us and the majority of them did not appreciate the possibilities of the thing.

In 1900 Miss I. S. Sweetman, graduate of our St. Luke's, opened a residence for the nurses of her own school, with room for some twenty women. This body is called the "Nurses' Club," but is absolutely separate and distinct from the association, and originally few of its members belonged to us. Indeed they, of necessity, had a little registry of their own.

Here was our opportunity. A small registry is as confining to the registrar as a large one, and after much discussion, and at the expense of the loss of a few anti-St. Luke's members, we finally started our third year under Miss Sweetman's able care.

Upon making this move we absorbed all the residents at the club, and at the same time raised our fee to five dollars, where it still remains.

The local schools did not at once abandon their registries. Indeed, one school still keeps it up, though we have some of its graduates. We have substantially all the graduates of the other schools, and of course all of the "foreigners."

A great many nurses have come and gone. To-day we have one hundred and twenty, and add a few each month.

Some money we always lose, but our income is above five hundred dollars a year, and beside, the registrar's salary (which is now \$300) and

our quarter page in the advertising department of the "St. Paul Medical Journal," and other expenses, we make decent little contributions to some local interests, charities, etc.

We defrayed part of the expense of the initial work in forming the Minnesota State Nurses' Association, which organization we are proud to say received its first impulse from our association.

We never assess our members, and *always* have a balance in the treasury.

Socially, besides a few entertainments for distinguished visitors (like the editor-in-chief of the JOURNAL), we have a social hour, with refreshments, after each business meeting. Our attendance is averaging about twenty, and so far this year nine schools have been represented at the meetings, which are held monthly at the club.

I believe the social hour is far-reaching for good in its results. Slowly but surely school lines are disappearing and each woman stands on her own merits.

The Medical Library is open to us at all times, and we have our own magazines filed there.

Some years we have had a course of post-graduate lectures by physicians. The past year we have devoted ourselves exclusively to organization plans, our most active members also being in the forefront of the State work.

The association and the registry are so bound up together that it is difficult to speak of one without including the other.

In the community we hold an honored place. No serious complaint has ever come from the outside, and inside petty jealousies are almost unknown. Yet, be it well remembered, that the most successful registry will not be able to keep an unpopular nurse busy. A registry for nurses is not an Employment bureau, it is an Information bureau only, and a central registry will inevitably be a sifter.

Of the registry proper: It is in fine running order. We have often said, "Miss Sweetman is the registry." Every nurse in St. Paul knows her, every physician in the northwest knows her, and she knows everybody and everything.

Personally she is a charming lady—a woman of exceptional ability,—resourceful, energetic, and of high integrity.

We can wish nothing better for any struggling central registry than to fall into the hands of such a registrar.

THE ALCOHOL SWEAT

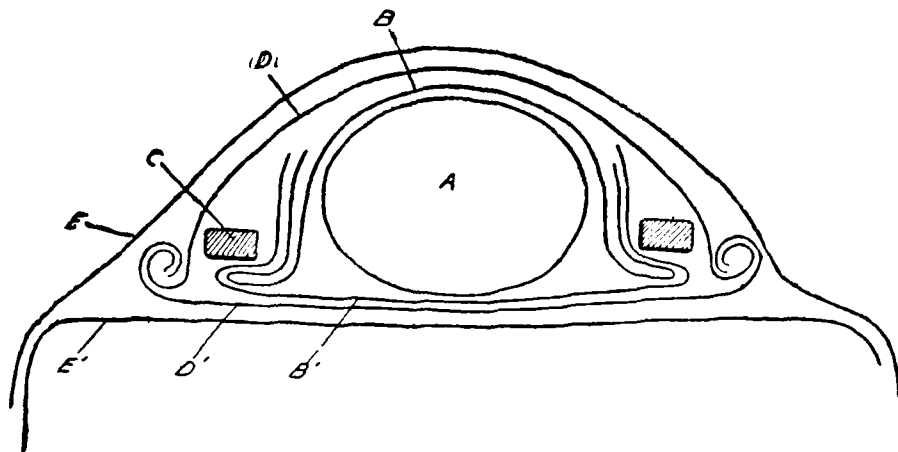
By M. GRACE MATTHEW

Washington County Hospital, Hagerstown, Md.

THE alcohol sweat is a diaphoretic treatment that is **not generally known** but is very useful in the case of patients who are too weak to use the cabinet sweat. It has no diuretic effect but the diaphoretic effect is marked. The appliances needed are:

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| 4 woollen blankets, | } all well heated, |
| 2 rubber sheets 6'4" x 4'6", | |
| 1 bath towel, | |
| 1 face towel, | |
| 1 nightgown, | |
| 9 bricks heated in oven 1½ hour before being used, | |
| 9 covers for bricks, | |
| 1 basin of ice with two compresses for the head, | |
| 1 bottle alcohol 70 per cent., | |
| 1 glass and drinking tube, | |
| 1 pitcher hot lemonade. | |

Procedure.—Have everything ready at the bedside, bringing the hot bricks in their bags on a tray. Over the patient put a blanket and fold the upper bedclothes down over the foot of the bed. Under the patient put a blanket, a rubber sheet and another blanket. Remove the nightgown. Take the sides of the upper and lower inside blankets together and turn back against the patient on each side, which makes three thicknesses of blanket between the brick and the lower rubber sheet and patient. This is called the "trough." Repeat this at the



Cross section showing arrangement of patient, blankets, bricks, and rubber sheets in an alcohol sweat: *a*, patient; *b*, upper inside blanket; *b'*, lower inside blanket; *c*, hot brick; *d*, upper rubber sheet; *d'*, lower rubber sheet; *e*, upper outer blanket; *e'*, lower outer blanket.

foot. Over the upper inside blanket spread the remaining rubber sheet and fold sides back over patient, leaving the trough exposed. Now place four bricks covered with their bags in the trough on one side, being extremely careful that they are not too close to the patient. Pour the alcohol over all four bricks and quickly roll the edges of upper and lower rubber sheets together. Repeat at the other side and the foot. See that the blankets and rubber sheets come well over shoulders so that as little as possible of the heat and moisture will escape. Over all spread the remaining blanket and bring the bed-clothes up over this.

Apply cold compresses to the head continuously and encourage the patient to drink freely of the lemonade. Watch the pulse closely at the temporal artery. If the pulse remains good the patient remains in the sweat one hour, when the bricks and the blanket and rubber sheet directly above and below are removed. The patient is rubbed dry with a hot towel and left between the other blankets until he has ceased perspiring. The blankets are then removed and the patient rubbed briskly all over with warm alcohol and the hot night-gown put on.

Avoid chilling the surface during or after this treatment. If the patient is delirious or unconscious, the nurse must not leave him, as the slightest movement might lead to severe burns.

HOSPITAL SKETCHES.

By KATHARINE DE WITT
Graduate Illinois Training School

(Continued from page 459.)

FEBRUARY 10—Monday.—My funny Irish woman, Mrs. Maloney, is much dissatisfied with the nurses and doctors. She says they ought to be middle-aged people. We had a horrid afternoon, a rushing, tumbling kind. I had to fly to get around, yet the patients were unusually kind. Bridget encouraged me in her rough way. Poor Alice had a sinking spell and was so sick.

FEBRUARY 11—Tuesday.—A probationer was put into our ward and under my special care. I am having good times teaching her, for she is so nice and quick to learn. We have a patient poisoned with carbolic acid, who is doing nicely. Alice is better.

FEBRUARY 12—Wednesday.—Chaos, rushing, and weariness! Another case of attempted suicide.

FEBRUARY 13—Thursday.—A little negro girl, one of my patients, died this morning. She had only been in a day and was very sick, poor